

<b>Case Number:</b>	CM15-0131992		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/11/1997
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, Michigan  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male, who sustained an industrial injury on 6/11/97. The injured worker reported mid and lower back pain with further injuries to the neck and upper extremities following a fall. The injured worker was diagnosed as having status post three level cervical spinal fusion, status post two lumbar spine surgeries, status post right ulnar nerve release at elbow, status post right rotator cuff surgery, left radial nerve injury, headaches, status post facet neurotomy of cervical spine, multiple level of neural foraminal encroachment, depressive disorder and chronic back, neck and shoulder pain. Treatment to date has included multiple cervical and lumbar surgeries, medial branch block, physical therapy, activity restrictions, oral medications including ASA, Horizant, Ibuprofen, Neurontin, Norco, Nuvigil, OxyContin, Pristiq, Provigil and Topamax. Currently on 6/11/15, the injured worker complains of pain and stiffness in neck rated 10/10 and described as aching, burning, shocks and worsens with turning of head; he also complains of left shoulder pain rated 4-5/10 described as aching, low back pain and stiffness, described as aching and throbbing rated 6/10 and left elbow pain rated 5-6/10 and headaches rated 10/10 described as dull and deep. His disability status is permanent and stationary. Physical exam performed on 6/24/15 revealed tenderness at acromial joint, decreased flexion of left shoulder with pain, spasm of bilateral cervical paraspinal muscles, TMJ joint tenderness with palpation and restricted range of motion of cervical spine. Request for authorization was submitted on 5/27/15 for OxyContin 60mg, Nuvigil 250mg, Norco 10/325mg, Neurontin 300mg, Pristiq 50mg, Horizant 600mg, and on 6/24/15 a request for 10 sessions of physical therapy was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **Physical therapy (sessions ) Qty 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Passive therapy is recommended by CA MTUS guidelines during the early phases of pain treatment to control symptoms, inflammation and swelling and improve healing of soft tissue. Active therapy requires active participation by the individual to complete an exercise. It may require supervision and patients are instructed to continue active therapy at home. Physical medicine guidelines are: allow for fading of treatment frequency from up to 3 visits per week to 1 or less, myalgia and myositis 9-10 visits over 8 weeks, neuralgia, neuritis and radiculitis 8-10 visits over 4 weeks and reflex sympathetic dystrophy 24 visits over 16 weeks. The request is for 10 sessions of physical therapy for increased pain. However it is unclear how many sessions he has had in the past and if there was any significant improvement in pain and function, there was also no mention of how his home exercise program is going, without this information it is not possible to determine if additional sessions of physical therapy would be of benefit, therefore the request for 10 sessions of physical therapy is not medically necessary.

### **Oxycontin 60mg Qty 180: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 79-80 and 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to ODG and MTUS, Oxycodone (OxyContin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A review of the injured workers medical records reveal documentation of up to 90% improvement in pain with the use of his medications as well as functional improvement. A urine drug screen was reported to be consistent with treatment and it was reported that there were no side effects with medication use.

Therefore based on the injured workers clinical response and the guidelines the request for Oxycontin 60mg Qty 180 is medically necessary.

**Norco 10/325mg Qty 240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 79-80 and 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A review of the injured workers medical records reveal documentation of up to 90% improvement in pain with the use of his medications as well as functional improvement. A urine drug screen was reported to be consistent with treatment and it was reported that there were no side effects with medication use. Therefore based on the injured workers clinical response and the guidelines the request for Norco 10/325mg Qty 240 is medically necessary.

**Pristiq 50mg Qty 450:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 79-80 and 81.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) selective serotonin and norepinephrine reuptake inhibitors (SNRI), Pristiq.

**Decision rationale:** Pristiq is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). ODG recommends Pristiq for depression and as a first line treatment option of neuropathic pain, especially if tricyclics are ineffective or contraindicated. A review of the injured workers medical records reveal that he is being treated with pristin for depression as well as psychological factors affecting physical disorder. He has had a complex course of illness which has included status post three level cervical spinal fusion, status post two lumbar spine surgeries, status post right ulnar nerve release at elbow, status post right rotator cuff surgery, left radial nerve injury, headaches, status post facet neurotomy of cervical spine, multiple levels of neural foraminal encroachment, depressive disorder and chronic back, neck and shoulder pain and the continued use of pristin both for his psychiatric and chronic pain symptoms appears appropriate, therefore the request for Pristiq 50mg Qty 450 is medically necessary.